

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/133,960	08/14/98	348	2711	Y0998-195-(7

APPLICANT

RAJIV V. JOSHI, YORKTOWN HEIGHTS, NY; SUCHITRA R. JOSHI, YORKTOWN HEIGHTS, NY.

CONTINUING DOMESTIC DATA***

VERIFIED

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

FOREIGN FILING LICENSE GRANTED 08/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____	Initials _____				

ADDRESS

FRANK CHAU
BILWORTH & BARRESE 1900 Hempstead Turnpike
333 Earle Ovington Boulevard Suite 501
UNIONDALE NY 11553 East Meadow NY 11554

TITLE

WIRELESS INFORMATION TRANSFER AND INTERACTIVE TELEVISION SYSTEM

FILING FEE RECEIVED \$1,318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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 WASHINGTON, D.C. 20231
 www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 7273

SERIAL NUMBER 09/133,960	FILING DATE 08/14/1998 RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. YO998-195-(7)	
APPLICANTS					
RAJIV V. JOSHI, YORKTOWN HEIGHTS, NY; SUCHITRA R. JOSHI, YORKTOWN HEIGHTS, NY;					
D. T <i>None</i>					
** CONTINUING DATA <i>None</i>					
D. T <i>None</i>					
** FOREIGN APPLICATIONS <i>None</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/28/1998					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Frank Chau</i> Initials <i>D. T</i>	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
ADDRESS FRANK CHAU 1900 HEMPSTEAD TURNPIKE SUITE 501 EAST MEADOW, NY 11554					
TITLE WIRELESS INFORMATION TRANSFER AND INTERACTIVE TELEVISION SYSTEM					
FILING FEE RECEIVED 1318	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)			